

Department of Veterans Affairs	<h2 style="margin: 0;">REQUEST FOR INSPECTION OF WORKPLACE</h2>	
<p>INSTRUCTION TO EMPLOYEE - If you believe an unsafe or unhealthful working condition exists in any workplace where you are employed, you may use this form to request an inspection. If you believe an imminent danger exists, you may request an inspection by telephoning the appropriate VA Safety and Health Officials. However, you must confirm your request in writing if you desire a response. This form may be used for that purpose. Complete this form and mail it directly to the Region Supervisory Safety and Fire Protection Engineer at the address shown on the poster. "Occupational Safety and Health Protection for VA Employees," which is posted at the facility where you work.</p>		
TO	Region Supervisory Safety and Fire Protection Engineer (10BA)	DATE
<p>I hereby request that an inspection of the following workplace be made because I believe an unsafe or unhealthful working condition exists which is in violation of an Occupational Safety and Health Standard.</p>		
1 NAME AND LOCATION OF FACILITY		2. SPECIFIC LOCATION AT FACILITY OF ALLEGED HAZARD
3A. DOES THIS ALLEGED HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS HARM TO ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete item 3B.)		3B. NO. OF PERSONS
4. DESCRIBE IN FULL THE ALLEGED HAZARD (If more space is required, continue on reverse.)		
5. WHAT IS THE OSHA STANDARD THAT YOU BELIEVE IS BEING VIOLATED? (Cite paragraph in part 1910 or 1926, Title 29, Code of Federal Regulations, if possible.)		
6. TO YOUR KNOWLEDGE HAS THIS ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITION BEEN RESPONSIBLE FOR AN ACCIDENT, INJURY, OR OCCUPATIONAL ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give details. If more space is required continue on reverse or attach separate sheet.)		
7. TO YOUR KNOWLEDGE HAS ANY OTHER AGENCY OR ORGANIZATION BEEN INFORMED OF THIS ALLEGED HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give the agency organization and their response, if known. Continue on reverse or attach separate sheet.)		
8. IS THIS REQUEST, OR A REQUEST ALLEGING A SIMILAR VIOLATION BEING FILED WITH ANY OTHER AGENCY OR ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name and address.)		
9. TO YOUR KNOWLEDGE, HAS FACILITY MANAGEMENT BEEN INFORMED OF THIS ALLEGED HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give their response, if known. Continue on reverse or attach separate sheet.)		
FOR USE OF REGION SUPERVISORY SAFETY AND FIRE PROTECTION ENGINEER		
INSPECTION REQUEST NO.	RECEIVED BY	DATE RECEIVED
METHOD OF RECEIPT <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> TELEGRAPH <input type="checkbox"/> IN PERSON		

VA FORM 2169, OCT 1991

Requester - **DO NOT** detach this stub.

RECORD OF REQUEST FOR INSPECTION OF WORKPLACE		
STATUS OF REQUESTER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE REPRESENTATIVE (Give affiliation) <input type="checkbox"/> OTHER (Specify)		
DO YOU WISH TO HAVE YOUR NAME WITHHELD FROM FACILITY MANAGEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," this stub will be detached.)		
SIGNATURE AND TYPED OR PRINTED NAME OF REQUESTER	ADDRESS OF REQUESTER	DATE
		OFFICE TELEPHONE NO.
FOR USE OF REGION SUPERVISORY SAFETY AND FIRE PROTECTION ENGINEER		INSPECTION REQUEST NO.